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**REQUEST FOR WITHDRAWAL
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| | |
|------------------------|----------------|
| Application Number | 10/609,137 |
| Filing Date | 06/26/2003 |
| First Named Inventor | Soheil SHAMS |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 016472-0311717 |

To: Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
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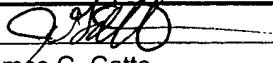
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The reasons for this request are: Client has requested that we cease work on its matters and transfer files to the client.

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OR

| | | | |
|---|---|------------------|-------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Dr. Soheil Shams | | |
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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